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ABSTRACT

The standard assertion training package includes a selection of techniques from behavior therapy such as modeling, behavior rehearsal, and role-playing along with lectures and discussion, bibliotherapy, and audiovisual feedback. The effects of a standard assertion training package with and without videotape feedback on self-report measures of self-assertion, anxiety and self-actualization were examined. Graduate students (N=36) in psychology and counseling were randomly assigned to one of three groups: (1) Experimental Group I, who received 12 assertion training sessions, but no videotape feedback; (2) Experimental Group II, who received the same assertion training, but with videotape feedback; or (3) a nontreatment control group. Scores on pre- and post-tests were obtained from all subjects on the Rathus Assertiveness Schedule (RAS), the IPAT Anxiety Scale Questionnaire, and the Personal Orientation Inventory. In addition, experimental groups participated in a six-month followup. Results demonstrated the effectiveness of assertion training for a graduate student population; these effects were durable over a six-month period, indicating long-term gains in assertion. A comparison of the Experimental Groups showed that the inclusion of videotape feedback did not increase the level of assertion as measured by the RAS. The findings provide further support for the use of a standard assertion training package with a college student population. (Author/NRB)

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THE EFFECTS OF TWO TYPES OF ASSERTION TRAINING ON SELF-ASSERTION, ANXIETY AND SELF ACTUALIZATION

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THE EFFECTS OF TWO TYPES OF ASSERTION TRAINING ON SELF-ASSERTION, ANXIETY AND SELF-ACTUALIZATION

Assertion training has been used to modify the behaviour of individuals in the direction of increased assertiveness in social situations where these individuals might otherwise react inappropriately through anxiety or anger, or through a lack of knowledge of the suitable response (Dawley and Wenrich, 1976). According to Lazarus (1973) the main components of assertive behaviour include (1) the ability to say "no" (2) the ability to ask for favours or to make requests, (3) the ability to express positive and negative feelings and (4) the ability to initiate, continue, and terminate general conversations.

The standard assertion training package includes a selection of techniques from behaviour therapy such as: modeling, behaviour rehearsal and role-playing along with lectures and discussion, bibliotherapy, and the use of audiovisual feedback.

Assertion training has been shown to have significant benefits, particularly for college students, at least for the short-term (Dawley & Wenrich, 1976). Long-term gains in assertion have also been documented (Galassi et al. 1975 - 1 year follow-up; Kazdin, 1974 and Loo, 1971 - 3 months; Martinson and Zerface, 1970 - 7-9 months). Research has been conducted on the effectiveness of some components of the assertion training package. McFall and Marston (1970) studied the relative effectiveness of response rehearsal with and without audiotape feedback. Their findings showed that behaviour rehearsal was effective in developing assertive response to role-played situations and that the group receiving performance feedback through the audiotape showed a slight but insignificant increase in assertiveness over the group receiving no feedback.

Videotape feedback has been a relatively recent addition to the assertion training package (Serber, 1972; Galassi et al., 1974). Serber (1972) feels that audiovisual feedback facilitates the acquisition of non-verbal components of assertion such as eye contact, facial expression, interpersonal distance, etc. Videotape can be used appropriately in all phase of assertive training from initial assessment, through the training itself especially as an adjunct to behaviour rehearsal and modeling, to evaluation of effectiveness of training (Dawley and Wenrich, 1976).

The use of videofeedback has been investigated by Galassi, Galassi and Litz (1974). Results indicate that subjects themselves rate video feedback with and without trainer feedback as numbers one and two in importance among the components of the training package. However, the differential effectiveness of this component in terms of assertion gains could not be evaluated from this study.

The present study was designed to assess the specific contribution of videotape feedback to gains in assertion as measured by self-report changes in self-assertion, anxiety and self-actualization.

Method

Subjects

Thirty-six graduate students in psychology and counseling (18 men and 18 women) participated in this study. The assertion training was presented as an elective course at the graduate level. Subjects were randomly selected from a pool of volunteers. Subjects were randomly assigned to one of

two experimental groups or a notreatment control group, each group comprising 6 men and 6 women.

Procedures

Subjects in the experimental groups received twelve 2½ hour training sessions at weekly intervals. Both experimental groups received the same training components from the same trainer with the addition of videotape feedback following improvised role-playing for Experimental Group II. A six-month follow-up was conducted on both experimental groups.

Description of Treatment

Assertion training was conducted in groups using a didactic-experiential model including lectures and discussions, modeling, behaviour rehearsal, structured exercises, role playing, extratraining practice, feedback and support from trainer and peers. In addition, Experimental Group II received videotape feedback following role-playing sessions.(1)

Instruments

Scores on pre and post-tests were obtained from all subjects for the Rathus Assertiveness Schedule (RAS- Rathus, 1973) the IPAT Anxiety Scale Questionnaire (IPAT -Cattell and Scheier, 1957) and the Personal Orientation Inventory (POI: Shostrom, 1966). In addition, experimental groups participated in a 6-month follow-up.

The RAS is a self-report measure of assertion containing 30

1) For details on treatment contact the author.

statements which Ss rate on a 6-point scale as more or less characteristic of self. It has been assessed for validity and reliability with adequate results (Rathus, 1973).

The IPAT is a 40 item self-report measure of anxiety level. There are a number of studies which provide meaningful construct validity data (Cattell, R.B. & Sheier, I.H., 1957; Mc Reynolds, P., 1978). Reported test-retest coefficients of reliability range from .82 to .93 and split half-values from .78 to .92 (Mc Reynolds, P., 1978). Since Wolpe (1958) found a negative relationship between assertion and anxiety this instrument was included to test Wolpe's finding in this study.

Finally the POI, a self-report measure of self-actualization consisting of two ratio scales and ten subscales was included since in measures factors such as autonomy, spontaneity, self regard, awareness and acceptance of self all of which may be related to assertion (Lazarus, 1973, Shostrom, 1966). The POI has been tested for validity and reliability and shown to be adequate (Klavetter & Mogar, 1967; Ilardi & May, 1968). The tests were administered during a single testing session before training, immediately after training, and 6 months after training.

Data Analysis

Pre, post and follow-up measures were subjected to an analysis of variance to evaluate differences between groups and possible interactions for sex, and changes over time. Pearson's r was applied to the post treatment scores for the RAS and the IPAT.

Results

The assumption of comparable initial levels of assertiveness for the groups was tested and supported by an analysis of variance ($F = 5.37$, $p > .05$). The results of the study demonstrate the effectiveness of both types of assertion training for graduate student subjects. Scores on the RAS were significantly different ($p < .01$) between experimental and control groups subsequent to training. Elevations in RAS scores for the experimental groups were also evident at the 6 month follow-up. Also there was a significant pre-post-test difference for Experimental Group I on the IPAT ($p < .05$) indicating lower anxiety following training. Experimental Group II failed to show this drop in anxiety level.

Insert Table I about here

All subscales of the POI showed differences in the desired direction between experimental and control groups. Five of these pre-post-test differences were significant ($p < .05$), specifically the ratio scale measuring Inner Directedness (I), and the following subscales: Feeling Reactivity (Fr), Spontaneity (S), Acceptance of Aggression (A) and Capacity for Intimate Contact (C).

Insert Table 2 about here

Elevation in POI scores for the experimental groups were also evident at the 6 month follow-up. There were no significant differences between Experimental Groups I and II on either the RAS or the POI. There was no significant effect for sex on any of the variables.

A negative relationship ($r = -0.797$, $p < .05$) was found for Experimental Group II between RAS and IPAT scores similar to results obtained by Wolpe (1958) i.e. increased assertion is correlated with decreased anxiety. For Experimental Group I the trend was negative but not statistically significant.

Discussion

The results of this study provide further support for the fact that a standard assertion training package is effective with a college student sample. Furthermore, these effects are durable over a six-month period indicating concrete long-term gains in assertion and supporting the findings of Galassi et al. (1975).

The focus of this study was on the consequences of the addition of videotape feedback to the training procedure. Results show that the inclusion of videotape feedback did not increase the level of assertion as measured by the RAS when compared to the other Experimental Group. Whether there would have been a differential effect on behavioral measures of assertion is an open question which could be examined in a future study.

Cummins (1978) points out that self-report measures of assertion such as the RAS may be contaminated by social desirability factors, and furthermore, may bear little relationship to behavioral measures of assertion where the behavior is observed unobtrusively i.e. in a situation in which the individual is unaware that he is being assessed. For example, Cummins et al. (1977) had subjects enter a room to fill out a questionnaire. There is one other person in the room sitting on one chair with his feet propped on another.

A third chair is piled with books. Only those subjects who ask the stooge to remove his feet are scored for an assertive response. Future studies could make use of situations such as this one as an outcome measure or even as an integral part of training to assess progress. On the other hand, there is some indication from the data that exposure to this technique may cause elevated anxiety during training and, insofar as anxiety impedes the expression of assertion (Wolpe, 1958) may be counterindicated.

Although it has not been clearly established that anxiety causes poor assertiveness (Hersen et al. 1973) there was a tendency for the experimental group (E II) with videotape feedback to show higher anxiety and lower assertion scores immediately post-treatment and at the six-month follow-up. However, both experimental groups received IPAT scores around the normative mean of 5.80 and showed substantial and significant gains in RAS scores.

Benefits in terms of initial assessment and evaluation of progress may outweigh the anxiety-inducing element of videotape feedback. Given the finding of Galassi et al. (1974) that subjects themselves rate videofeedback as very helpful, it is suggested that this technique would be a useful addition to the assertion training package for subjects with low to moderate initial anxiety levels. For subjects with high initial anxiety, preliminary desensitization to videofeedback is recommanded. To this end, potential participants in assertion training groups should be evaluated for anxiety level and the training procedure modified to maximize treatment effects by desensitization to anxiety inducing elements such as videofeedback.

A further interesting finding emerged from this study. Given the significant improvement of some of the POI scores, it is suggested that the POI may be a useful tool in the assessment of treatment effectiveness. Gains on the POI reflect gains in self-awareness and self-support which must underly any increase in genuine assertive behaviour. The Inner-Directedness ratio scale, one of the two major scores of the POI, showed a significant improvement. This scale refers to the ability to be autonomous and self-supportive, which characterizes the assertive person. Also four of the subscales on the POI which showed a significant improvement relate to Lazarus (1973) definition of assertion, specifically the ability to express positive and negative feelings (Fr, S, A and C). The scales measuring Feeling Reactivity (Fr) and Acceptance of Aggression (A) refer to the ability to be aware of and accept one's own feelings, whatever their nature, and imply accuracy of self-perception. The scale measuring Spontaneity (S) and Capacity for Intimate Contact (C) refers to the ability to express these feelings behaviorally or, in other words, to behave assertively.

One area of debate on the nature of assertiveness concerns the problem of the cause of deficiency in assertion skills. One approach stresses the role of anxiety as an interfering emotion, another stresses the role of faulty learning of appropriate responses (Galassi & Galassi, 1978). Hersen et al. (1973) concluded that while some individual may fail to behave assertively because anxiety inhibits them, others have simply never learned to be assertive. One source of inappropriate responding in situations calling for assertiveness may be poor self-awareness. As self-awareness increases, assertive behaviours should be facilitated; similarly, improved assertion should be reflected in valuable tool for the measurement of treatment effectiveness. It

might also be interesting to look at pre-treatment POI, IPAT and RAS scores for individuals to see what interrelationship these scores have for the purpose of identifying the cause of poor assertion. Given poor assertion some possible configurations are presented in Figure 1.

Insert Figure 1 about here

For individuals falling into category (1) assertive behaviour is not being expressed due to poor self-awareness. In category (2) individuals are inhibited by anxiety. People in category (3) may simply have failed to learn the appropriate responses. Finally, individuals in category (4) are hampered by both elevated anxiety and poor self-awareness. A pre-treatment assessment of individuals on the dimensions of assertiveness, anxiety and self-awareness would allow for modification of treatment plans to suit each person's requirements. Category (1) individual would probably benefit from sensitivity training experiences. Those in category (2) could be given relaxation training as part of their treatment. For individuals in category (3) the stress could be on modeling and behaviour rehearsal, whereas people in category (4) would require relaxation training in conjunction with sensitivity training experiences.

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Table 1

Descriptive Statistics for RAS and IPAT and Results of Analyses

		Pretest		Posttest			Follow-up	
RAS	n	M	SD	M	SD	F(2,20)	M	SD
Experimental I	12	5.00	15.40	20.50	15.90	8.41**	22.42	15.94
Experimental II	12	6.27	17.06	20.18	10.66	6.925**	21.91	14.41
Control	12	5.74	14.21	5.91	13.87	1.89		
IPAT								
Experimental I	12	6.42	1.28	5.25	1.47	1.38*	5.33	1.09
Experimental II	12	5.73	0.95	6.00	1.90	0.621	6.00	1.17
Control	12	5.83	0.68	5.90	1.29			

Note.RAS: Rathus Assertiveness Schedule; IPAT: The IPAT Anxiety Scale.
M: Group Mean; SD: Standard Deviation.
* $p < .05$ ** $p < .01$

Table 2

Descriptive Statistics for POI and Results of Analyses

Scale		Pretest			Posttest			Follow-up	
		E_1	E_2	C	E_1	E_2	C	E_1	E_2
Tc =	M	16.50	18.18	17.00	18.17	18.55	17.10	18.50	18.64
	SD	1.77	1.79	1.64	1.72	0.99	0.75	0.99	1.12
I =	M	85.00	89.36	88.00	91.33*	99.00*	89.83	96.33	94.27
	SD	4.83	11.64	7.21	6.73	6.04	3.94	6.37	6.18
SAV=	M	20.25	21.91	21.97	21.58	22.91	21.00	23.08	22.64
	SD	1.52	1.68	1.62	1.59	1.40	1.48	1.42	1.38
Ex =	M	20.83	21.45	20.17	22.75	23.27	21.00	23.67	23.09
	SD	2.35	3.44	2.21	1.86	3.10	1.81	2.07	2.89
Fr =	M	15.67	17.18	15.68	16.42**	18.55*	15.43	18.67	19.18
	SD	1.68	3.29	1.98	1.52	1.41	1.70	1.45	2.42
S =	M	11.17	12.91	11.83	12.50**	14.64*	11.93	14.75	14.91
	SD	1.56	2.30	1.60	1.87	1.60	1.88	1.71	1.99
Sr =	M	12.17	12.73	12.13	13.33	13.73	12.67	13.25	13.18
	SD	0.85	1.08	0.83	1.79	0.79	0.87	1.47	1.04
Sa =	M	14.33	16.82	15.17	15.92	16.64	15.50	17.42	17.18
	SD	1.37	3.35	1.41	1.65	2.55	1.81	2.07	2.49
Nc =	M	13.75	12.09	12.33	14.17	12.27	12.67	12.92	12.45
	SD	0.40	1.24	0.98	0.45	0.60	1.72	0.89	1.04
Sy =	M	7.67	8.18	7.50	7.90	8.73	7.63	7.67	8.00
	SD	0.66	0.13	0.58	0.83	0.51	0.51	0.68	0.22
A =	M	16.00	16.27	15.96	18.92*	18.98*	15.61	18.08	18.82
	SD	2.03	2.96	2.01	2.53	2.35	2.62	2.47	2.61
C =	M	18.50	19.45	18.67	21.00**	22.40**	18.97	21.92	20.82
	SD	2.39	3.82	2.47	1.62	2.34	2.66	2.31	2.27

Note. E_1 = Experimental Group 1; E_2 = Experimental Group 2; C = Control Group. POI = Personal Orientation Inventory; Tc = Time Competence; I = Inner Directedness; SAV = Self-Actualizing Value: Ex = Existentiality; Fr = Feeling Reactivity; S = Spontaneity; Sr = Self-Regard; Sa = Self-Acceptance; Nc = Nature of Man; Sy = Synergy; A = Acceptance of Aggression; C = Capacity for Intimate Contact. M = Mean; SD = Standard Deviation.
* $p < .05$ ** $p < .01$; n = 12 for each group.

F I G U R E 1

GIVEN POOR ASSERTION SOME POSSIBLE CONFIGURATIONS, CAUSES OF NON ASSERTIVENESS AND SUGGESTED TREATMENT PLANS

	RAS	IPAT	POI	CAUSES OF NON ASSERTIVENESS	TREATMENT PLAN
1)	low	low	< normal range;	poor self-awareness	sensitivity training
2)	low	high	> normal range;	inhibition by anxiety	relaxation training
3)	low	low	> normal range;	unlearned appropriate responses	modeling and behavior rehearsal
4)	low	high	< normal range;	inhibition by anxiety and poor self-awareness	relaxation training and sensitivity training